



PATENT

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November 8, 2000Anita J. Malo
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VWIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Hiroshi Nemoto
Serial No. : 09/196,029
Filing Date : November 19, 1998
For : HOUSING ASSEMBLY FOR AN AIR
BAG AND VEHICLE HORN SWITCH
Group Art Unit : 3618
Examiner : P. Dickson
Attorney Docket No. : TRW(VSSIM)2499RE

Box AF

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT AFTER FINAL REJECTION/REQUEST FOR RECONSIDERATION

Sir:

In response to the Office Action mailed September 6,
2000, please consider the following remarks.

REMARKS

Reconsideration and Reissue of the above-identified
application in view of the following remarks is respectfully
requested.

Claims 1-10 and 16-18 have been rejected under
35 U.S.C. §251 as being based on a defective declaration. A
Supplemental Reissue Declaration under MPEP §1414.01 may be
submitted when all other issues in the case have been resolved.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Hiroshi Nemoto

Application No.: 09/196,029

Group No.: 3618

Filed: November 19, 1998

Examiner: P. Dickson

For: **HOUSING ASSEMBLY FOR AN AIR BAG AND VEHICLE HORN SWITCH**

**RESPONSE UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP**

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AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. § 1.116) for this application.

CERTIFICATE OF MAILING/TRANSMISSION 37 CFR 1.8(a) and 1.10*
(When using Express Mail, the Express Mail label number is mandatory;
Express Mail Certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.
37 C.F.R. § 1.8(a)
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TRANSMISSION

- ☐ transmitted by facsimile to the Patent and Trademark Office.


Signature

Date: November 8, 2000

Anita J. Galo

(type or print name of person certifying)

***WARNING:** Each paper or fee filed by Express Mail must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. § 1.10(b).
"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

NOTE: *Response to Final Rejection—Avoiding Extension Fees* "In patent applications wherein a three month Shortened Statutory Period (SSP) is set for response to a Final Rejection, the response would best be filed within two months of the date of the Office Action. If filed within two months, any Advisory Action mailed after the SSP expires will reset the SSP to expire on the date of the Advisory Action for extension fee purposes, but never more than six months from the date of the Final Rejection." Notice of Nov. 30, 1990 (1122 O.G. 571 to 591). See M.P.E.P. § 714.13, 6th ed., rev. 3.

STATUS

2. Applicant is

- ☐ a small entity. A statement:
- ☐ is attached.
- ☐ was already filed.
- ☒ other than a small entity.

EXTENSION OF TERM

NOTE: *As to a Supplemental Amendment filed in response to a final office action, the Notice of December 10, 1985 (1061 O.G. 34-35) states:*

"If a timely response has been filed after a Final Office Action, an extension of time is required to permit filing and/or entry of a Notice of Appeal or filing and/or entry of an additional amendment after expiration of the shortened statutory period unless the timely-filed response placed the application in condition for allowance. Of course, if a Notice of Appeal has been filed within the shortened statutory period, the period has ceased to run."

3. (complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. § 1.136 (fees: 37 C.F.R. § 1.17(1)-(4) for the total number of months check below:

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 390.00	\$195.00
<input type="checkbox"/> three months	\$ 890.00	\$445.00
<input type="checkbox"/> four months	\$1,390.00	\$695.00

Fee \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(check and complete the next time, if applicable)

- ☐ An extension for _____ months has already been secured and the fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		ADDIT. FEE . OR		RATE	
TOTAL	*13	MINUS	** 23	=0	X\$ 9=	\$		X\$ 18=	\$0.00
INDEP.	* 4	MINUS	*** 7	=0	X\$ 40=	\$		X\$ 80=	\$0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				=0	X\$135=	\$		X\$270=	\$0.00
TOTAL ADDIT. FEE						\$	OR	TOTAL ADDIT. FEE	\$0.00

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING See 37 C.F.R. § 1.116.

(complete (c) or (d), as applicable)

- (c) ☒ No additional fee for claims is required.

OR

- (d) ☐ Total additional fee for claims required \$ _____

FEE PAYMENT

5. ☐ Attached is a check in the sum of \$ _____
- ☐ Charge Account No. 20-0090 the sum
of \$ _____

A duplicate of this transmittal is attached.

FEE DEFICIENCY

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are Necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986 (1065 O.G. 31-33).*

6. ☒ If any additional extension and/or fee is required, charge Account No. 20-0090.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 20-0090.


SIGNATURE OF ATTORNEY

Robert N. Lipcsik
(type or print name of attorney)

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